


☒ Adult Def ☐ PC Arrest
☐ Juvenile Def ☒ Application for
Warrant / Capias

AFFIDAVIT-COMPLAINT

Clerk's Case No _____
SA Case No (s) _____

1 Agency Name JACKSON COUNTY SHERIFF'S OFFICE		2 Agency Report Number 2018-016417		3 Charge Type <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd Whelony <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County		3a. Ordinance Type	
4 Date/Time of Offense 7/16/2018 @ 08:00		5 Date/Time of Arrest		6 Arresting Officer CHEREE EDWARDS #2521		7 Investigating Officer CHEREE EDWARDS #2521	
8 Defendant's Name (Last) (First) (Middle) (First) (Middle) MARTIN, DAWNDRELL M						9 DBTS	
10 Race/Sex B / F		11 DOB		12 Residence Type <input type="checkbox"/> Florida <input checked="" type="checkbox"/> County <input type="checkbox"/> Out of State		13 Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14 Controlled Substance Seized, TYPE AND QUANTITY		15 Height 16 Weight 17 Eye Color 18 Hair Color 19 Scars, marks, tattoos, unique physical features					
20 Driver's License Number/State M635173837630 / FL		21 Social Security Number		22 Residential Telephone		23 Business Telephone	
24 Address (Street Apartment Number) 3767 LITTLE ZION ROAD		(City) SNEADS		(State) FL		(Zip) 32460	

25 Charge Description (#1) CHILD ABUSE	26 Statute or Ordinance Number 827.03	<input checked="" type="checkbox"/> F S <input type="checkbox"/> Ord
27 Charge Description (#2)	28 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
29 Charge Description (#3)	30 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
31 Charge Description (#4)	32 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
33 Charge Description (#5)	34 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
35 Charge Description (#6)	36 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
37 Charge Description (#7)	38 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
39 Charge Description (#8)	40 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
41 Charge Description (#9)	42 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord
43 Charge Description (#10)	44 Statute or Ordinance Number	<input type="checkbox"/> F S <input type="checkbox"/> Ord

55. Victim Notification of Arrest		56. Information Given <input type="checkbox"/> Victim Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App Info <input type="checkbox"/> Don't Viol Info	
NOTIFIED BY: _____ DATE: _____ TIME: _____			
57 Physical Evidence Collected in This Case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	58 Witness Statements Taken in This Case <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	59 I certify that all the above information is true and correct to the best of my knowledge and is page <u>1</u> of <u>3</u> page affidavits/complaint.	
Evidence Custodian's Name	Person Responsible For Statements	 INV. CHEREE EDWARDS Officer / Complaint Signature	

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80. Agency Name

JACKSON COUNTY SHERIFF'S OFFICE

81. Agency Report Number

2018-016417

82. Date/Time of Arrest

83. Investigating Officer

CHEREE EDWARDS #2521

84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the noted/after named defendant did commit the violation as stated above and the factual basis for belief is as follows.

On July 16, 2018, Your Affiant was contacted by Department of Children and Families Child Protection Investigator Daniel Henry in reference to physical abuse of child. According to CPI Henry, the child, [REDACTED] year old [REDACTED], had come to [REDACTED] located at [REDACTED] on this date with multiple injuries on her person to include bruises on her face, back, neck and head. CPI Henry stated a Child Protection Team interview and a medical examination had already been administered in which the [REDACTED] had made a disclosure of physical abuse.

[REDACTED] According to CPI Henry, Ms. Martin is the alleged perpetrator for the injuries to [REDACTED]. Upon reviewing [REDACTED] Child Protection Team interview [REDACTED] was asked about the bruise located on the left side of her face to which she disclosed "T.T. hit me with a comb." "I was being bad." [REDACTED] refers to Ms. Martin as "T.T." [REDACTED] also disclosed that Ms. Martin had hit her and caused an injury to eye then she lifted up her right arm and stated that Ms. Martin had also struck her with a comb around her arm pit area. [REDACTED] spontaneously lifted her shirt up to show Case Coordinator, Angie Griffin her back and told her that Ms. Martin had hit her on the back as well. [REDACTED] stated other than Ms. Martin using a comb to strike her she has also used a flip flop and switch to strike her when administering discipline. [REDACTED] gave indications that Ms. Martin's mother, Mary Highsmith, had also hit her by thumping her in the forehead. However, [REDACTED] stated that Ms. Martin was the only one that hits her with the comb. [REDACTED] would later describe the comb to her teacher at daycare as being black in color. Upon learning of the incident [REDACTED] Case Manager, Christina Corbin, with Anchorage Children's home went to Ms. Martin's home and found the comb used to strike [REDACTED]. A photo of the comb was taken and forwarded to Your Affiant. The comb is black in color with a silver point at the end.

During [REDACTED] medical examination she provided the same story to ARNP, Kim Dykes, as to how she obtained the injuries as she did in her Child Protection Team interview and to CPI Henry. Upon the conclusion of ARNP's Dykes examination she noted that [REDACTED] had numerous scabbed wounds, petechial bruising and other bruises on her head, face, back, arms, and legs. ARNP Dykes also noted "the injuries were consistent with inflicted injury and are consistent with the stated mechanism of the child having been repeatedly struck with a comb and a switch and having been repeatedly thumped in the forehead."

On July 17, 2018, a sworn statement was obtained from Ms. Martin in regards to the physical abuse of [REDACTED]. According to Ms. Martin, on Sunday, July 15, 2018, they were lounging around [REDACTED] and at some point [REDACTED] had gotten sent to [REDACTED] for being bad. Later in the day [REDACTED] took a nap and when [REDACTED] woke up Ms. Martin heard [REDACTED] bouncing [REDACTED] shortly yell out "I got a boo boo on my head." Ms. Martin stated she looked at [REDACTED] head and saw there was a red spot on her head to which she later put cream on. Ms. Martin stated [REDACTED] constantly [REDACTED] falls off to which Ms. Martin indicated [REDACTED] could have hit herself on the dresser [REDACTED].

85. This undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his / her knowledge.

Inv. Cheree Edwards

Signature of Officer / Complainant

INV. CHEREE EDWARDS

Officer / Complainant's Name (Printed)

2521

IC Number

86. Sworn to and subscribed before me this 27 day of Jul, 2018.*Law Roy Jackson*

Signature of Person Administering Oath

(Printed Name)

☒ Personally Known☐ Oath ID

ID Type

Sworn

87. Adult's Relation to Juvenile Defendant

☐ Parent ☐ Legal Guardian ☐ Other

88. Adult's Name (Last) (First) (Middle)

89. Address (Street, Apartment Number)

(City)

(State)

(Zip)

90. Residential Phone

0

91. Work Phone

0

92. Notified By (Name)

93. Date

93a. Time

94. Notification Method

95. Law Enforcement Disposition of Juvenile Contact

Release Date

Release Time

Released To

State Attorney Copy

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☐ Juvenile Def ☒ Application for

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80 Agency Name **JACKSON COUNTY SHERIFF'S OFFICE** 81 Agency Report Number **2018-016417** 82 Date/Time of Arrest _____ 83 Investigating Officer **CHEREE EDWARDS #2521**

84 NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE. The undersigned certifies that he / she has just and reasonable grounds to believe that the hereinbefore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

Ms. Martin stated when she bathed [REDACTED] Sunday night she did observe a bruise near her left eye, an injury on her leg and what she stated was ant bites on [REDACTED] back. When Ms. Martin [REDACTED] July 16th, she did advise the daycare of the bruise under [REDACTED] left eye.

Ms. Martin explained that [REDACTED] picks at herself often and is having to constantly be told to stop putting her hands in her face. Ms. Martin states that she has observed [REDACTED] pinching her skin almost to the point of bleeding. Ms. Martin stated on Saturday, July 14th she observed [REDACTED] pinching her leg while watching TV and it looked as though it was going to bleed. Ms. Martin stated the [REDACTED] told her an ant had bit her under eye, but [REDACTED] never disclosed what had caused the blue bruise near her eye. Ms. Martin attributed the bruise near the eye to be from [REDACTED] pinching her skin as it had been raised slightly above the skin. Ms. Martin has also observed [REDACTED] biting her hair to the point of breaking, pulling her hair out from the roots and using her own hair to self-harm by trying to cut between her fingers and toes. Ms. Martin stated due to [REDACTED] constantly picking at herself she usually inspects [REDACTED] person [REDACTED] and if she finds anything out of the norm she notifies daycare.

Ms. Martin did not recall seeing the red mark located on the left side of [REDACTED] face adjacent to the crease of her mouth and could not give a valid answer as to how [REDACTED] could have received the injury. Ms. Martin explained the marks on the side of [REDACTED] neck could possibly be from the comb she uses to brush her hair. Ms. Martin described the comb to be black in color and she acknowledged she would sometimes brush [REDACTED] hair too hard and scrape the back of [REDACTED] neck and that could have possibly caused the injury on her neck. She did however, state [REDACTED] on Sunday, July 15th, "So whatever happened had to happen Sunday morning or Sunday night." When Ms. Martin was confronted about whether she had inflicted the injuries to [REDACTED] she began crying and denied that she [REDACTED] had caused the injuries. She then stated while she was combing [REDACTED] hair she told [REDACTED] she would have to stop moving and Ms. Martin believes that [REDACTED] took what she said as a threat that she would hit her.

After speaking with Ms. Martin I made contact with ARNP Dykes to clarify if the tiny puncture wounds on top of [REDACTED] head were consistent with her pulling her hair out and ARNP Dykes advised me it was not consistent with hairpulling. I also confirmed with ARNP Dykes if the puncture wounds on [REDACTED] back and the mark above her left eye were consistent with ant bites and she stated the marks were not caused from ant bites. ARNP Dykes clarified that [REDACTED] injuries to her face, back and head were all consistent with inflicted injury and self-harm.

Based upon the consistency of [REDACTED] statement coupled with the findings of ARNP Kim Dykes that [REDACTED] injuries were inflicted, Dawndrell Martin is being charged Child abuse, F S 827.03.

85 The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his / her knowledge.
Signature of Officer / Complainant Inv. Cheree Edwards
INV. CHEREE EDWARDS
Official / Complainant's Name (Printed) ID Number 2521
86 Sworn to and subscribed before me this 27 day of Jul, 2018.
Signature of Person Administering Oath Law. Roy Jackson
Scherize of Person Administering Oath (Printed Name)
☒ Personally Known ☐ Other ID _____ ID Type _____
Res. _____

87 Adult's Relation to Juvenile Defendant
☐ Parent ☐ Legal Guardian ☐ Other _____
88 Adult's Name (Last) (First) (Middle) _____
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92 Notified By (Name) _____ 93 Date _____ 94 Time _____ 94 Notification Method _____
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State Attorney Copy